

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18194

State File No.

JUN 7 1943

Registration District No. 164

Primary Registration District No. 5601

Registrar's No. 54

1. PLACE OF DEATH:

- (a) County Johnson
 (b) City or town Warrensburg (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
County Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 40 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lafayette Goddard

3. (b) If veteran, Y name war.....
 3. (c) Social Security No.

4. Sex Male 5. Color of White 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Feb. 24, 1880
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 3 2 hr. min.

9. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Alfred Goddard
 13. Birthplace Unknown England
 (City, town, or county) (State or foreign country)
 14. Maiden name Maria T. Lamphier
 15. Birthplace Nashville Tenn
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. C. Ward
 (b) Address Heggenville, Mo.

17. (a) Buried (b) Date thereof May 27, 1943
 (Burial, cremation, or removal) (Monthly) (Day) (Year)

- (c) Place: burial or cremation Sunset Hill
 18. (a) Signature of funeral director James H. Phillips
 (b) Address Warrensburg, Mo.

19. (a) 5/31/43 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Johnson
 (c) City or town Warrensburg (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
 year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Feb 3 to May 26, 1943
 that I last saw him alive on May 6, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac
mitral insufficiency

Due to Suppose
 Due to 92 lb

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
 (e) Means of injury.....

23. Signature Wm. D. Allscoe (M. D. or other).....
 Address Warrensburg, Mo. Date signed 5-31-43

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-4-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

This body was not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6-4

Registration District No. 164

Primary Registration District No. 5601

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural Warrensburg sup
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: county bond
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 yrs. (Specify whether years, months or days)
In this community 14 yrs.

3. (a) PRINT FULL NAME

Lafayette Goddard

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife ... 6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased Feb 24 (Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days ... (if less than one day) min. ...

9. Birthplace ... (City, town, or county) (State or foreign country)

10. Usual occupation ...

11. Industry or business ...

MOTHER FATHER { 12. Name ...
13. Birthplace ... (City, town, or county) (State or foreign country)
14. Maiden name ...
15. Birthplace ... (City, town, or county) (State or foreign country)

16. (a) Informant ...
(b) Address ...
17. (a) ... (b) Date thereof ... (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director ...
(b) Address ...
19. (a) 5-31-43 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ... (b) County ...
(c) City or town ... (If outside city or town limits, write "RURAL")
(d) Street No. ... (If rural, give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Year 1943 hour ... minute ... M.
21. I hereby certify that I attended the deceased from ... 19 ...;
that I last saw him ... alive on ... 19 ...;
and that death occurred on the date and hour stated above.
Immediate cause of death ... Duration ...

Due to ...
Due to ...
Other conditions ... (Include pregnancy within 3 months of death)
Major findings: ...
Of operations ...
Of autopsy ...
PHYSICIAN ...
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury ...
While at work? ...
23. Signature ... (M. D. or other) ...
Address ... Date signed ...

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

5-18194